

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 596,065

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	1					
102	3					
103	3					
104	3					
105	3					
106	3					
107	3					
108	1					
109	1					
110	1					
111	1					
112	1					
113	1					
114						
115						
116	4					
117	1					
118						
119						
120						
121	1					
122	1					
123						
124						
125						
126						
127						
128						
129						
130						
131						
132						
133						
134						
135						
136						
137						
138						
139						
140						
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.	2					
TOTAL DEP.	27	←	←	←	←	←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158						
159						
160						
161						
162						
163						
164						
165						
166						
167						
168						
169						
170						
171						
172						
173						
174						
175						
176						
177						
178						
179						
180						
181						
182						
183						
184						
185						
186						
187						
188						
189						
190						
191						
192						
193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.						
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO:

10/596,065

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51	21				
2	/	1						52	21				
3	/							53	21				
4	/							54	21				
5	/	1						55	21				
6		1						56	21				
7	X							57	21				
8	X							58	21				
9	X							59	21				
10		1						60	21				
11		1						61	21				
12		1						62	21				
13		1						63	21				
14		1						64	121				
15	X							65	21				
16	X							66	21				
17	X							67	21				
18	X							68	21				
19	X							69	21				
20	X							70	21				
21	X							71	21				
22		1						72	21				
23		21						73	21				
24		21						74	121				
25		121						75	21				
26		21						76	121				
27		21						77	21				
28		21						78	21				
29		121						79	21				
30		21						80	21				
31		21						81	21				
32		21						82	121				
33		21						83	21				
34		21						84	21				
35		21						85	21				
36		21						86	31				
37		21						87	21				
38		21						88	21				
39		21						89	21				
40		21						90	1				
41		21						91	1				
42		21						92	1				
43		21						93	3				
44		21						94	3				
45		21						95	1				
46		21						96	1				
47		21						97	1				
48		21						98	1				
49		21						99	1				
50		21						100	1				
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					